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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	MCLRK-009US
First Named Inventor	Anthony Moon
COMPLETE IF KNOWN	
Application Number	Unknown
Filing Date	Herewith
Art Unit	Unknown
Examiner Name	Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CAPACITIVE SENSOR

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 07/28/2004 as United States Application Number or PCT International

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
YES	NO			
GB 0317644.3	Great Britain	07/28/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: The address associated with Customer Number: 007663 OR Correspondence address below

Name **Kit M. Stetina, Esq.**
STETINA BRUNDA GARRED & BRUCKER

Address
75 Enterprise, Suite 250

City Aliso Viejo	State California	ZIP 92656
----------------------------	----------------------------	---------------------

Country United States	Telephone (949) 855-1246	Email kstetina@stetinalaw.com
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any]) Anthony	Family Name or Surname Moon
--	---------------------------------------

Inventor's Signature	Date
----------------------	------

Residence: City Cardiff	State	Country United Kingdom	Citizenship United Kingdom
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Mailing Address

1 Radyr Court Rise, Llandaff

City Cardiff	State	Zip CF5 2QH	Country United Kingdom
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any]) David	Family Name or Surname Snell
--	--

Inventor's Signature	Date
----------------------	------

Residence: City Cardiff	State	Country United Kingdom	Citizenship United Kingdom
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Mailing Address

3 Barquentine Place, Atlantic Wharf

City Cardiff	State	Zip CF10 4NH	Country United Kingdom
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Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Unknown
Filing Date	Herewith
First Named Inventor	Anthony Moon
Title	CAPACITIVE SENSOR
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	MCLRK-009US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

007663

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

007663

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kit M. Stetina, Esq.				
Address	STETINA BRUNDA GARRED & BRUCKER 75 Enterprise, Suite 250				
City	Aliso Viejo	State	California	Zip	92656
Country	United States				
Telephone	(949) 855-1246	Email	kstetina@stetinalaw.com		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name	Anthony Moon	Telephone	
Title and Company	Applicant		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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007663

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kit M. Stetina, Esq.				
Address	STETINA BRUNDA GARRED & BRUCKER 75 Enterprise, Suite 250				
City	Aliso Viejo	State	California	Zip	92656
Country	United States				
Telephone	(949) 855-1246	Email	kstetina@stetinalaw.com		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name	David Snell	Telephone	
Title and Company	Applicant		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input type="checkbox"/> *Total of _____ forms are submitted.

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